7	DATENT A DOLLO ATION FOR DETERMINE								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/811205						
	CLAIMS AS FILED - PART (Column 2)							SMALL TYPE	ENT	717Y	OR		R THAN ENTITY	
TOTAL CLAIMS			24					RATE FEE			7	RATE	FEE	
FOR			NUMBER FILED NU			BER EXTRA		BASIC FEE 38			OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			14 minus 20= · \					XS 9=			OR	XS18=		
INDEPENDENT CLAIMS			/ minus 3 = '				x43= 43			OR	X86=			
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							+145=	T	_	ОЯ	+290=		
ŀ	• If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL	t		OR	TOTAL		
1	5 23 05 (Column 1) (Column 2) (Column 3)							SMALI	EN'	TITY	OR	OTHER SMALL	THAN ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TI	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
Ş	Total	1. 24	Minus	-2	4	Ξ.		X\$ 9=	L		OR	X\$18=		
Ž	Independent	ENTATION OF N	Minus	PENDENT	CLANA	-		· X43=			OR	X86=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=		
١.	1.016		•				_ _	TOTAL	- 1		OR ,	YOYAL ADDIT, FEE		
7	111914	(Column 1) (Column 2) (Column 3)								- 1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
Š	Total	. 24	Minus	- 2	4.	·B	ſ	X\$ 9=	\prod		ОЯ	X\$18=		
AME	Independent	NTATION OF M	Minus	U	7 6114	.0	Γ	X43= ·			OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=	1.	
								TOTAL DDFT. FEE	L	. 1	OR A	TOTAL DOIT, FEE		
_		(Column 1)		(Column		(Column 3)	•	:. ·		•	•		• 1	
AMENDMENT C	`	REMAINING AFTER AMENDMENT	_	HIGHE: NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE		DI- NAL		RATE	ADDI- TIONAL PEE	
Ž	Total	•	Minus	**		•		X\$ 9=			OR	X\$18=	- 155	
ME	Independent	•	Minus			7	-	X43=						
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									— '	OR -	X86=		
	* If the enter in entering 1 is face than the										DR	+290=		
-,	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." A										DR AL	TOTAL DOTT. FEE		
•	The "Highest Num	ber Previously Pak	For (Total or	independent	is the l	i a, enter "3," · highest number:	lound	in the app	vopris	ste box				
_	<u> </u>					- ,								